American Association
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The Voice of Academic Nursing

CLINICAL NURSE LEADER

Master's and Doctoral Competencies

Introduction

The Clinical Nurse Leader (CNL®) is prepared at the graduate level for advanced nursing practice focused on leadership, quality improvement, communication, and care coordination. Advanced Nursing Practice is defined as

"any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy."[i]

The CNL skillset is applicable for practice across the continuum of care and in any healthcare setting. This document delineates the competencies for all Clinical Nurse Leaders (CNLs) educated in master's degree and Doctor of Nursing Practice (DNP) programs. These CNL competencies and education pathways align and build on the Level 2 (Advanced Level) competencies identified in *The Essentials: Core Competencies for Professional Nursing Education* (2021), published by the American Association of Colleges of Nursing (AACN).

The CNL competencies have been revised to reflect CNL practice in today's healthcare environment. The new curricular expectations replace the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* released by AACN in 2013. The 2025 competencies provide a foundation for developing CNL programs at the master's, post-master's, and DNP levels and for preparing graduates to sit for the Commission on Nurse Certification (CNC) CNL Certification Examination.

Background

AACN in collaboration with other healthcare organizations and disciplines, first introduced the Clinical Nurse Leader in 2003, the first new nursing role in over 35 years, to address the calls for change sounding throughout the healthcare system. The impetus for preparing a clinical nurse expert prepared at the graduate level to address quality and safety at the point of care grew as the complexity of care escalated[ii]. In 2007, the AACN Board of Directors approved the *White Paper on the Education and Role of the Clinical Nurse Leader.* This document, written by leaders in clinical practice and academia, provided the background, rationale, and description of the CNL skillset, role, and education as well as the expected outcomes and competencies for all CNL graduates. The CNL competencies were revised again in 2013 through a national consensus-based process[iii]. The updated competencies were endorsed by the CNC Board of Commissioners and required of education programs to allow graduates to sit for the CNL Certification Exam.

Following the publication of the 2021 AACN *Essentials*[iv], it became clear that a review and update of the CNL competencies was needed to reflect the transition to competency-based education (CBE) that was occurring in nursing and across the health professions and higher education. The update of the CNL competencies also was needed in response to the changing healthcare environment and the increased complexity of health needs, including the determinants of health. Environmental shifts that included workforce shortages, increases in the cost of care and corresponding interest in value-based care[v], a renewed focus to achieve health equity, the emergence of new forms of technology, and increasing access to big data are among the drivers to enhance the quality of care at the bedside and across the continuum of care. Healthcare

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leaders are fostering innovation in care delivery to enhance safety and quality, but also to deliver care in new ways due to persistent workforce shortages[vi].

Within higher education, interest in providing flexible pathways to degree completion and a commitment to academic-practice partnerships[vii] are influencing the types of academic programs schools of nursing provide. With advanced practice registered nurse programs (APRN) moving to the doctoral level and national recommendations for achieving this goal[viii] [ix], combined with calls from practice leaders for nurses with the knowledge and skills developed through CNL preparation, it became clear that the CNL skill set is increasingly relevant to contemporary and future patient care. Additionally, some nurses have indicated a preference to earn a master's degree rather than pursuing a doctorate with the goal of providing direct care. As nurse leaders manage staff shortages and high levels of workforce burnout[x], they are eager to find ways to provide career development opportunities for nurses without having them leave "point of care" practice.

In 2022, AACN held an interactive workshop with over 80 participants and an invitational discussion with deans, CNOs, faculty, and practicing CNLs from across the country. The focus was on the impact CNLs are making in diverse practice settings, potential opportunities for CNLs in today's healthcare system, the need for new care delivery models, and a desire to clarify what a CNL is and can do. Participants identified the need for CNLs prepared at the master's level with a primary focus on care delivery within the micro- and meso-system, but with options for advancement to the DNP with an expanded focus on macrosystem clinical leadership, quality improvement, advocacy, innovation, and interprofessional engagement. Health systems were already developing opportunities for CNLs who had earned a DNP or PhD in another area of nursing or other field, to hold clinical leadership positions in the system, rather than administrative or APRN positions. In response to this recommendation, doctoral-level CNL competencies have now been developed and nationally vetted.

Competency Development Process

The master's and doctoral-level CNL competencies were developed through a national consensus-based process. AACN facilitated this process, which included engaging a national expert workgroup representing CNL education and practice. The workgroup also included representation from the Commission on Nurse Certification (CNC) and the International Clinical Nurse Leader Association (ICNLA). The process used to develop and reach national consensus on master's level and DNP level competencies was a multi-step approach completed in two stages.

AACN convened the workgroup in late 2022 and charged its members to review, revise, and align the 2013 CNL Competencies with the 2021 *Essentials.* The workgroup was also charged to determine which educational pathways were recommended for CNL education. (See Appendix A for more information on the process to develop and reach national consensus on CNL master's and doctoral competencies.)

Education Pathways and Curricula Design

CNL education prepares graduates to lead in all settings where healthcare is delivered. The CNL skillset focuses on clinical practice leadership, not administration or management. The CNL assumes accountability for patient-care outcomes through the assimilation and application of evidence-based information to design, implement, and evaluate patient-care processes and models of care delivery. At the master's level, the CNL is a manager of care working with nurses and other healthcare team members at the point of care to provide high quality, safe care to individuals and cohorts of patients. The scope of accountability of the master's prepared CNL is primarily at the micro- and meso-system levels but may vary depending on the system. The DNP-level competencies, introduced in this document, build on the master's level competencies to prepare the graduate for practice across the health system with an emphasis on advocacy, policy development, communication, data analysis, and clinical leadership at the macro-system level. CNLs graduating from master's and DNP programs will be expertly prepared to provide safe, quality, cost-effective care across settings and populations. The CNL skillset is delineated in Appendix B.

The CNL competencies delineated in this document are intentionally aligned with the framework and competencies in *The Essentials: Core Competencies for Professional Nursing Education* (2021).
In using this document to design the CNL curriculum, the master's and DNP competencies do not align horizontally or match one for one, nor do they align horizontally with each *Essentials* sub-competency. The CNL master's and DNP competencies included under each *Essentials* competency and sub-competency should be taken together as a whole to reflect the *Essentials* sub-competency.

The CNL master's curriculum is designed to make graduates eligible to matriculate to either a practice- or research-focused doctoral program. It is recommended that graduate-level didactic and clinical coursework be designed to reduce duplication and repetition between the master's and doctoral-level coursework. This approach to curriculum design will allow a more seamless transition to doctoral education and career progression.

Schools may choose to design the CNL program in several ways and offer CNL preparation using different pathways (See Table 1). Options include:

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Table 1:

Entry-Level or Second-degree master's CNL program (formerly called Model C)	Prepares graduates with the Level-1 (Entry-Level) Essentials sub-competencies, Level-2 (Advanced Level) Essentials sub-competencies, and the master's-level CNL competencies.
	As previously, the preparation of the graduate for CNL practice assumes the previous or simultaneous attainment of the Level 1 (Entry-Level) competencies delineated in the 2021Essentials. Therefore, entry-level second-degree master's programs preparing graduates with the CNL competencies who are eligible to sit for CNL certification are expected to ensure that graduates also attain the Level 1 Essentials sub-competencies and are prepared to sit for the national registered nurse licensure examination (NCLEX).
Master's degree CNL program for post-BSN or post other professional, Level-1 (Entry- Level) program graduates, (i.e. RN-BSN, RN- MSN in a non-CNL program). (formerly called Model A or E)	Prepares graduates with the Level-2 (Advanced-Level) Essentials sub- competencies and the master's-level CNL competencies.
DNP degree CNL program designed for post-BSN or other Level-1 (Entry-Level) program graduates, (i.e. RN-BSN, RN-MSN in a non-CNL program).	Prepares graduates with the Level-2 (Advanced-Level) Essentials sub-competencies and both the master's-level and DNP-level CNL competencies.
DNP CNL program designed for post-master's CNL graduates	Ensures that graduates have attained the Level-2 Essentials sub-competencies and the master's CNL competencies, and prepares graduates with the DNP-level CNL competencies.

The *Essentials* Level-1 and Level-2 sub-competencies build on each other, but do not necessarily align horizontally (one for one). The master's and DNP-level CNL competencies also align and build on each other as well as on the Level-2 *Essentials* sub-competencies. Programs are expected to provide opportunities for students to demonstrate all sub-competencies expected for the appropriate level of practice. The *Essentials* sub-competencies and CNL competencies build on each other, advancing in complexity and system-level implementation. In designing a CNL curriculum, whether at the master's or DNP level, learning experiences and competency assessments can be scaffolded and aggregated, but should reflect the outcomes and practice experiences expected for the graduate's practice.

For both master's and DNP level CNL programs, **graduate-level content** or courses in pharmacotherapeutics, physiology/pathophysiology, and health assessment is required. A master's level program may choose to offer three separate graduate level courses to provide foundational knowledge for advanced nursing practice, but also to allow a more seamless transition for students who choose to pursue future education in one of the four APRN roles.

Clinical Expectations and Immersion or Practice Synthesis Experience

The *Essentials* education model emphasizes the need to ensure all graduates pursuing advanced education attain Level 2 sub-competencies as well as competencies required for an advanced nursing practice specialty or role.

> *All learners in advanced nursing education programs engage in practice learning activities (both direct and indirect care experiences). Graduates of all advanced nursing education programs need sufficient clinical/practice experiences to demonstrate end-of-program student outcomes, Level 2 sub-competencies, and competencies required by applicable specialty organizations.*
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> *The specific clinical/practice experiences and number of practice hours and/or credit hours required depends on the Essentials, advanced nursing practice specialty/role requirements, and regulatory standards for specialty certifications and licensure.* [iv, p 23]

Clinical Practice Hours
The number of in-person practice hours in a CNL program will vary based on student needs and curriculum design. However, the *Essentials* states that participation in a **minimum of 500 practice hours** in the discipline of nursing, (not including experiences needed for attainment of Level 1 sub-competencies) is required for **demonstration of the Level 2 sub-competencies**. These practice hours also provide a foundation for the additional practice experiences needed to demonstrate the advanced specialty competencies and time-based requirements set by certifying bodies. Hours of practice do not necessarily need to be delineated by competency type (*Essentials* or specialty /role). [iv, p. 23-24] Many Level-2 sub-competencies and CNL competencies may be demonstrated and assessed concurrently. It is expected that faculty create clinical/practice learning experiences that provide active learning, repetition, interprofessional engagement, and successive levels of difficulty.

A DNP CNL program, designed for individuals who are not already CNL certified, is expected to include a **minimum** of 500 clinical/practice hours focused on attaining the Level 2 sub-competencies, and sufficient additional hours needed for the student to demonstrate the CNL master's and DNP level competencies. A minimum of 300 of these hours should be in an immersion experience. (These are minimum numbers of practice hours; some students may require more practice hours to attain and demonstrate the expected competencies.)

A DNP CNL program designed for individuals who already hold CNL certification needs to provide sufficient practice/clinical experiences to ensure the student has attained and demonstrated the DNP-level competencies and has integrated these competencies along with the *Essentials* Level 2 sub-competencies and CNL master's competencies into one's practice. The program must also meet any institutional requirements for awarding a doctoral degree.

Immersion or Practice Synthesis Experience
All CNL education programs (master's or doctoral) are expected to provide an immersion or practice synthesis experience. This immersion into CNL practice should provide the student with the opportunity to practice in a chosen healthcare environment(s) and to integrate into one's practice the knowledge, skills, and attitudes (KSAs) acquired throughout their CNL education. The integrative experience(s) should occur in practice environments that allow for the full implementation of CNL practice. In addition, a strong interprofessional practice focus should be embedded into the experience. Ideally, the student should have the opportunity, either face-to-face or virtually, to be precepted or mentored by an experienced CNL. The immersion may be completed in one setting or in several settings with different preceptors depending upon the needs of the student. To provide the opportunity for the student to more fully engage with an interprofessional team and practice environment, and to implement new knowledge and skills into one's practice, it is recommended that the immersion experience(s) be designed over a 10 to 15-week time-period.

CNL Scholarly Project/Product
A major component of CNL practice is the ability to design and implement a quality improvement project that impacts care outcomes. Both master's and DNP CNL program graduates are expected *to design and implement a quality improvement project and produce a scholarly product,* which will be evaluated by faculty. Given the emphasis on academic-practice

partnerships in the 2021 *Essentials*, ideally projects may be evaluated by both faculty and practice representatives. Students are expected to demonstrate the attainment and integration of the Level 2 sub-competencies, and advanced specialty/role competencies either at the master's or DNP level consistent with the degree being awarded. The type/format of the final scholarly product should be appropriate for the degree level and determined by the education program.

CNL Certification
After successful completion of the formal CNL degree program, including the expected minimum practice hours, CNL practice immersion experience, and demonstration of *Essentials* Level-2 sub-competencies and the CNL competencies at the master's and/or the doctoral level, the CNL graduate is encouraged to sit for the CNL Certification Examination offered by the Commission on Nurse Certification (CNC), an autonomous arm of AACN. CNL certification and use of the CNL credential demonstrates, to the public and other health professionals, attainment of the unique CNL skillset that graduates bring to healthcare delivery. The CNL credential is trademarked so only those individuals who have earned CNL certification are eligible to use the CNL credential.

Students are encouraged to sit for the CNL Certification Exam during their last term of a CNL master's, post-master's or DNP program, or as soon after graduation as possible. Program directors must attest that all students sitting for the exam will have completed the required clinical and immersion hours prior to graduation. Individuals in entry-level second-degree master's programs that prepare the graduate with the CNL competencies may sit for the CNL Certification Examination prior to sitting for the NCLEX licensure exam. However, a candidate will not be granted CNL certification status until documentation of RN licensure is received by the CNC. For additional information regarding CNL Certification, visit www.aacnnursing.org/CNL-Certification.

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Appendix A: Overview of process to develop national consensus-based CNL master's and doctoral level competencies.

In late 2022, AACN convened an expert workgroup comprised of representatives from CNL education and practice. The workgroup was charged to review, revise, and align the 2013 CNL Competencies with the 2021 *Essentials.* The workgroup also was charged to determine which educational pathways were recommended for CNL education. Initially, the workgroup reviewed the 2013 CNL competencies and compared them with the Level 2 AACN *Essentials* to identify redundancies, gaps, and needs for clarity. Members obtained substantial input from CNLs and other leaders in practice, as well as from deans, CNL program directors, and faculty teaching in CNL programs through a workshop, a series of focus groups, and a working session at the 2023 Clinical Nurse Leader Summit. A review completed by the CNC Board of Commissioners also served as a resource for the review. The resulting CNC crosswalk concluded that CNL practice was consistent with Level 2 competency advanced in the 2021 *Essentials*

Following an iterative process, consensus was reached among the workgroup members on draft master's-level competencies. A letter of invitation to participate in the validation process was sent to the CNC and ICNLA Board members and to 150 individuals, randomly selected from the CNC database of certified CNLs and program directors as well as deans with CNL programs, and practice leaders. Sixty-three individuals accepted the invitation and participated in the validation review process. Each person who agreed to participate was asked to systematically review the proposed CNL competencies for two of the ten *Essentials* Domains of practice. Using Survey Monkey, reviewers were asked to rate relevance (i.e., is the competency necessary?) and specificity (i.e., is the competency stated specifically and clearly? If not, provide suggested revisions.) The validation process demonstrated strong agreement with the competencies and provided valuable feedback for refinement of the proposed competencies. The workgroup met virtually following this process to review the validation results, revise the competencies as needed, and produce the final set of master's-level competencies delineated in this document.

Following the revision of the master's-level competencies in late 2023, the workgroup was asked to develop a separate set of DNP competencies, building on the master's level, that advance the scope of the CNL skill set to prepare leaders for practice at the system level. A similar national consensus-building process was used to complete the second phase of this work. Individuals were identified from the CNC database and AACN's Institutional Data System that included deans, CNL program directors and faculty; CNOs and nurse managers at institutions where CNLs were employed; and practicing CNLs who hold a doctoral degree in nursing or related field. Sixty-four individuals agreed and completed the competency review for two Domains. After this initial validation phase, a review was done to ensure that at least one dean, faculty person, practice representative, and practicing CNL were included in the validation of each of the Domains. Following the external review process, the workgroup reviewed the feedback, made final revisions to the DNP competencies, and ensured that the master's and DNP competencies were scaffolded and appropriately aligned with *Essentials* Level 2 sub-competencies. All comments were carefully considered in the development of the competencies in this report.

Appendix B: Fundamentals of CNL practice (First published in the AACN *Working Paper on Clinical Nurse Leader* (2007) [xi]

Fundamental aspects of CNL practice at both the master's and DNP levels include:
- Clinical leadership for patient-care practices and delivery, including the design, coordination, and evaluation of care for individuals, families, groups, and populations
- Participation in identification and collection of care outcomes
- Accountability for evaluation and improvement of point-of-care outcomes, including the synthesis of data and other evidence to evaluate and achieve optimal outcomes
- Risk anticipation for individuals, cohorts of patients, and populations
- Lateral integration of care for individuals and cohorts of patients
- Design and implementation of evidence-based practice(s)
- Team leadership, management and collaboration with other health professional team members
- Information management or the use of information systems and technologies to improve healthcare outcomes
- Stewardship and leveraging of human, environmental, and material resources; and,
- Advocacy for patients, communities, nursing, and the health professional team.

[i] American Association of Colleges of Nursing. (2004). *Position Statement on the Practice Doctorate.* Washington, DC Author.

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[iii] American Association of Colleges of Nursing. (2013). *Competencies and Curricular Expectations for Clinical Nurse Leader [SM] Education and Practice.* Washington, DC: Author.

[iv] American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education*. Washington, DC: Author.

[v] Yakusheva, O., Rambur, B., & Buerhaus, P.I. (2022). Part 6: Education for value-informed nursing practice. *Nursing Outlook, 70*, 789-793. https//doi.org/10.1016/j.outlook 2022.08.002

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[viii] American Association of Colleges of Nursing. (2022). *The State of Doctor of Nursing Practice Education in 2022.* Washington, DC: Author.

[ix] National Organization of Nurse Practitioner Faculties. (2023). *Reaffirming the Doctor of Nursing Practice Degree: Entry to Nurse Practitioner Practice by 2025.* NONPF (ymaws.com).

[x] National Council of State Boards of Nursing. (2023). The NCSBN 2023 environmental scan: Nursing at a crossroads – an opportunity for action. *Journal of Nursing Regulation, 13*, Supp, S1-S48. https://doi.org/10.1016/S2155-8256(23)00006-6

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Domain 1: Knowledge for Nursing Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.			
	1.1e Translate evidence from nursing science as well as other sciences into practice.		
		Synthesize evidence in developing and implementing strategies to promote health, wellness, and healthy lifestyles in patients, family members, and healthcare team members.	
		Synthesize evidence to support the development of policies to improve care outcomes.	
		Implement innovative care strategies for diverse populations when evidence is not available.	Demonstrate leadership in implementing innovative strategies to improve care outcomes across the system.
		Apply public health concepts to advance equitable preventive services and policies that promote population health.	
	1.1f Demonstrate the application of nursing science to practice.	Assess care outcomes by applying the concepts of improvement science, innovation science, complexity science, human factors engineering, and related areas, considering the context in which care is delivered.	Design interventions to improve care delivery and outcomes using improvement science, innovation science, systems theory, human factors engineering, and complexity science at the systems level.
		Use systems theory in the assessment, design, delivery, and evaluation of health care within complex organizations.	Use various, interdisciplinary science-based methodologies to enhance care delivery.
		Evaluate social drivers of health to identify and implement programs that address the unique needs of populations.	Implement strategies to encourage a culture of inquiry across the healthcare system.

Domain 1: Knowledge for Nursing Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.		Lead system level strategies accounting for nursing's historical context to design care improvements.
		Integrate knowledge regarding social, political, economic, and historical issues that impact nursing and health care into the evaluation and design of potential solutions for care delivery challenges.	
		Communicate the social, economic, and environmental issues that lead to the development and importance of the CNL role and skill set for healthcare delivery.	
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences			
	1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.	Apply improvement science theory and methods to performance measurement and quality improvement processes.	Align organizational system practices with current high reliability concepts for patient safety and improvement science
			Apply knowledge of global and environmental health and other geo- economic factors in the design of patient care.
			Disseminate improvements in care delivery and outcomes through publication and other forms of scholarship.
	1.2g Apply a systematic and defendable approach to nursing practice decisions.	Use diverse data sources to evaluate outcomes of care within the microsystem and meso-system.	Design data collection and analysis plans to determine trends and outcomes of care at the microsystem, meso-system, and Macrosystem levels
		Compare microsystem and mesosystem outcomes to recognized benchmarks, e.g., national, regional, state, or institutional data.	Implement scalable and sustainable changes at the microsystem level and as applicable to the macrosystem level
	1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.	Ensure the inclusion of an ethical decision-making framework for quality improvement processes and decisions.	Use an ethical decision-making framework to make timely decisions that affect nursing care delivery across the healthcare system
	1.2i Demonstrate socially responsible leadership.	Advance the values of social justice, health equity, and social determinants of health to improve quality outcomes.	Design system improvement strategies that address social justice, health equity, and social determinants of health.

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Domain 1: Knowledge for Nursing Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Incorporate values of social justice to address healthcare disparities and bridge cultural and linguistic barriers to quality outcomes and accessible care.	
	1.2j Translate theories from nursing and other disciplines to practice.	Use systems theory in the assessment, design, delivery, and evaluation of health care within the workplace.	Use multiple theories, including systems theory, in the assessment, design, and evaluation of health care within complex organizations and health systems
1.3 Demonstrate clinical judgment founded on a broad knowledge base.			
	1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.		
	1.3e Synthesize current and emerging evidence to influence practice.	Facilitate the process of retrieval, appraisal, and synthesis of evidence to improve care outcomes at the microsystem level.	Incorporate patients', and care givers' stories/perspectives into the analysis of evidence to promote innovation and scholarship.
	1.3f. Analyze decision models from nursing and other knowledge domains to improve clinical judgment.	Analyze decision models used to make decisions regarding quality, safety, and risk mitigation.	
		Analyze decision models using just culture principles.	
		Analyze use of safety tools, such as Failure Mode Effects Analysis (FMEA) and root cause analysis (RCA), to anticipate, intervene, and decrease risk.	
		Apply knowledge of group processes and decision models, such as design thinking, to facilitate team decision making.	

Domain 2: Person-Centered Care

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
2.1 Engage with the individual in establishing a caring relationship.			
	2.1d Promote caring relationships to effect positive outcomes.		Create a psychologically inclusive, safe environment for interprofessional discussions.
	2.1e Foster caring relationships.	Include patients and families in making care decisions for patient centric care.	Ensure patient centric care is a focus in clinical planning and patient care discussions.
2.2 Communicate effectively with individuals.			
	2.2 g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.	Develop a communication plan to relay care delivery processes, outcomes, and data trends to the patient and care team.	Contribute to the implementation of a communication plan to disseminate data trends and alignment with organization strategies.
			Communicate data trends and outcomes ensuring that data is understood by the members of the care team.
		Articulate care delivery process, outcomes, and data trends using a variety of communication methods to the care team.	Analyze effective methods to provide essential data and other communications to the care team and to the community of interest.
		Explain current quality and safety guidelines, nurse sensitive indicators, and interprofessional metrics to microsystem stakeholders.	Evaluate quality and safety guidelines indicators and metrics provided to the microsystem's key stakeholders.
		Implement evidence-based teaching and coaching strategies to promote healthy lifestyles across patient populations.	Evaluate the communication strategies used to support healthy lifestyles of the care team across the system.
	2.2h Design evidence-based, person- centered engagement materials.	Design evidence-based, person-centered resource materials that are readily accessible to patients, families, and populations	Evaluate the distribution and use of health-related, evidence-based, accessible resource materials.

Domain 2: Person-Centered Care

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.	Apply the concept of personalized healthcare to the design of care for a cohort of patients.	Assess the impact of personalized healthcare delivered across populations.
	2.2j Facilitate difficult conversations and disclosure of sensitive information.	Facilitate difficult conversations within the healthcare delivery team.	
		Assess readiness and ability of both patients and their families to make decisions that inform their individualized plan of care.	
		Facilitate difficult conversations and disclosure of sensitive information with patients and families.	
2.3 Integrate assessment skills in practice.			
	2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	Conduct a holistic assessment of individuals across the lifespan with specific attention to a population of interest.	Generate plans to address gaps in care delivery for subsets of the population.
		Perform a comprehensive assessment of a microsystem using systems theory to provide context for problem identification and action plans.	Use data collected to develop an action plan to address identified problems across the macrosystem.
		Implement risk aversion nursing interventions to improve healthcare outcomes for populations and individuals.	Design effective risk aversion techniques to support individual and population- based decisions across the system.
2.4 Diagnose actual or potential health problems and needs.			
	2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	Evaluate outcomes of evidence-based care delivery approaches at the micro and mesosystem levels.	Use large data sets to inform care delivery decisions at the macrosystem level.
			Analyze system data to identify opportunities for changes that target the most at-risk populations.
		Employ contextual, advanced reasoning to the diagnostic and decision-making process for individuals and cohorts.	Promote the engagement of nurses in healthcare team discussions and decision-making regarding diagnoses and care delivery processes.

Domain 2: Person-Centered Care

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Assess actual and anticipated health risks of both individuals and populations to inform plans of care.	
		Demonstrate the ability to make proactive decisions and implement interventions based on patient or population risks, unexpected health outcomes, and early warning signs.	
		Demonstrate leadership in healthcare and interprofessional team discussions regarding patient diagnoses and potential health problems.	Ensure attention to social determinants of health in decision making regarding patient risks, diagnoses, and care delivery planning.
		Engage in the design, delivery, and evaluation of culturally informed disease prevention and health promotion services based on individual and cohort risks.	Ensure that patient populations that are at greatest risk based on the pareto principle are addressed without bias in the design and delivery of care services.
	2.4g Integrate advanced scientific knowledge to guide decision making.	Use advanced scientific knowledge to support ones care decisions regarding patient risk, conditions, and diagnoses	Apply principles of innovation science to problem solving and decision making within the healthcare system.
			Integrate knowledge regarding structural healthcare system issues into solutions for current healthcare challenges that impact care delivery outcomes and quality, e.g., nursing shortages.
2.5 Develop a plan of care.			
	2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.	Assume a leadership role of an interprofessional healthcare team to develop plans of care for individuals and/or populations that improve patient-care outcomes.	Facilitate interprofessional team to develop, implement, monitor, and sustain improvement initiatives at the micro- and macrosystem levels.
		Facilitate team decision making using group process skills and decision tools.	Use various technologies and tools to ensure all voices are recognized and move the team collectively to action.
		Apply a holistic approach to practice that is purposeful and systematic.	

Domain 2: Person-Centered Care

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Use principles of diversity, equity, and inclusion in the design of patient care.	
		Demonstrate stewardship of resources with attention to environment, climate, and sustainability issues.	
	2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.	Use multiple data sources to draw inferences regarding health risks and status of patient populations to promote and preserve health.	Lead initiatives to identify gaps in care between the community and the patients served by the system.
	2.5j Develop evidence-based interventions to improve outcomes and safety.	Develop evidence-based interventions at the microsystem level based on evaluation of care delivery outcomes.	Lead teams to execute implementation of evidence-based interventions at all levels of the healthcare system based on evaluation of care delivery outcomes
		Use information technology and resulting analytics to develop evidence-based interventions that improve patient care.	Evaluate the use of information technologies to inform patient-care delivery and the implementation of evidence-based interventions to improve patient outcomes.
		Engage in partnerships at multiple levels of the health system to ensure effective coordination, delivery, and evaluation of services across care.	Create partnerships in the community, a n d across the system to improve healthcare.
	2.5k Incorporate innovations into practice when evidence is not available.	Incorporate innovations into practice when evidence is not sufficient or adequate for improving outcomes and safety.	Lead innovations to improve inefficiencies and patient outcomes in health care.
		Promote a culture of inquiry within the healthcare team.	Establish a culture of safety that encourages innovative practice to improve patient care delivery and outcomes.
	2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.		
2.8 Promote self-care management.			
	2.8f Develop strategies that promote self-care management.	Develop strategies that promote self-care management for patient cohorts.	Initiate the development of policies that promote self-care and wellbeing within healthcare organizations.
		Develop strategies that promote self-care within the healthcare team.	

Domain 2: Person-Centered Care

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Lead healthcare team to facilitate self- care management and optimization of patient engagement to promote improved health outcomes including prevention of readmissions.	
	2.8g Incorporate the use of current and emerging technologies to support self- care management.		Lead the implementation of technology to promote self-care management by the healthcare team and patients.
	2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.	Promote counseling and motivational interviewing techniques within the healthcare team to improve patients' health status and function.	
	2.8i Evaluate adequacy of resources available to support self-care management.		Determine how to deploy resources to promote self-care and wellbeing of staff, leadership, and community members.
	2.8j Foster partnerships with community organizations to support self- care management.	Foster partnerships with community organizations, professionals, and others to support self-care management.	Collaborate in the development of community partnerships to address health promotion goals.
2.9 Provide care coordination.			
	2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.		Expand accessibility and coordination of care through use of information and communication technologies.
	2.9g Develop strategies to optimize care coordination and transitions of care.	Use information and communication technologies to improve transitions across care delivery settings	Use new findings about needs of patients and families during care transitions to design care coordination strategies that support improved/desired health outcomes
		Anticipate needs for innovative uses of information and communication technologies to address gaps in coordination of care.	
		Implement the use of information technologies to laterally integrate patient care within and across healthcare delivery settings.	
	2.9h Guide the coordination of care across health systems.	Facilitate the lateral integration of healthcare services across settings to promote quality, safe, and coordinated care.	Collaborate with community partners to consider new approaches and policies to integrating care across settings that better meet patient and family needs.
	2.9i Analyze system-level and public policy influence on care coordination.		
	2.9j Participate in system level change to improve care coordination across settings.	Facilitate practice change based on best practices that results in quality, safety, and fiscally responsible outcomes.	Lead broad-scale system changes that advance effective care coordination throughout health systems.

Domain 3: Population Health

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
3.1 Manage population health.			
	3.1j Assess the efficacy of a system's capability to serve a target sub- population's healthcare needs.	Communicate a plan and recommendations to address the efficacy of the system's capability to serve a target sub-population.	Conduct system-wide capacity assessment to serve diverse target populations effectively.
	3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.	Communicate the results and potential impact of the primary and secondary population health data analysis for the population(s) which he/she serves.	Contribute to the creation of benchmarks for interpretating outcomes of multiple populations at state, regional, and national levels
			Integrate key metrics of population health into relevant benchmarks used for system level trending and comparisons
		Use epidemiological, social, ecological, and environmental data from multi-level sources to draw inferences when designing plans of care to improve care of populations.	
	3.1l Use established or evolving methods to determine population- focused priorities for care.	Apply a holistic approach to population-focused care that is purposeful and systematic.	Assess appropriateness of established methods for evaluating the health needs and outcomes of populations.
		Evaluate the care of populations across the lifespan by identifying and implementing programs that address specialized needs and inequities.	
	3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.	Facilitate an interprofessional team approach to deliver care centered on population health characteristics and needs.	Lead policy development to address equitable population health needs.
			Employ strategies to build capacity in the community to address healthcare needs.
		Advocate for organization-wide policies that leverage social change, promote wellness, improve outcomes, address social determinants of health, and reduce costs.	Advocate for resources to address gaps in illness prevention and health promotion.
			Anticipate upcoming regulatory changes using strategic planning to ensure compliance and operational effectiveness.

Domain 3: Population Health

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive interventions plan.	Assess the level of cultural awareness and sensitivity of healthcare providers as a component of the evaluation of care delivery.	Collaborate on the development of system-wide health screening tools and metrics that are culturally and linguistically appropriate.
3.2 Engage in effective partnerships.			
	3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.	Participate in collaborative initiatives within the community to establish health promotion goals and implement strategies to improve population health.	Partner with community members to design health programs or initiatives that address social determinants of health.
			Engage in partnerships to ensure effective coordination, delivery, and evaluation of clinical prevention and health promotion services across systems.
	3.2e Challenge biases and barriers that impact population health outcomes.		Promote the advancement of public health principles to develop equitable and efficient preventive services and policies that strengthen population health.
	3.2f Evaluate the effectiveness of partnerships for achieving health equity.		
	3.2g Lead partnerships to improve population health outcomes.		
	3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.	Prioritize key physical and mental health outcomes when organizing health and social care during natural and manmade disasters.	Collaborate with system and community partners to develop an emergency preparedness plan for natural and manmade disasters.
3.3 Consider the socioeconomic impact of the delivery of health care.			
	3.3c Analyze cost-benefits of selected population-based interventions.	Extend cost-benefit analyses to include evaluation of underlying decision algorithms and their impacts on structural inequalities.	Apply one's analysis of cost-benefits to create a multidimensional plan to address social and economic factors for decision-making.
	3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.		

Domain 3: Population Health

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.		
	3.3f Incorporate ethical principles in resource allocation in achieving equitable health.		
3.4 Advance equitable population health policy.			
	3.4f Identify opportunities to influence the policy process.	Consider the impact of regulatory requirements, such as The Joint Commission (TJC), Centers for Medicare and Medicaid (CMS), and Healthcare Facilities Accreditation Program (HFAP), quality, fiscal and value- based indicators on population health.	Implement strategies to ensure compliance with regulatory requirements while optimizing quality, fiscal, and value-based indicators.
	3.4g Design comprehensive advocacy strategies to support the policy process.		
	3.4h Engage in strategies to influence policy change.		
		Identify partnerships that align and support the targeted policy change.	
	3.4i Contribute to policy development at the system, local, regional, or national levels.	Develop clear, concise communication for a policy change based on evidence.	
	3.4j Assess the impact of policy changes.	Assess the impact of policy changes on the microsystem, mesosystem, and macrosystem.	Use validated tools to evaluate macrosystem determinants such as socioeconomic factors, cultural influences, political dynamics, and environmental conditions, and its impact on population health.
	3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.		
	3.4l Evaluate the risks to population health associated with globalization.		
3.5 Demonstrate advocacy strategies.			
	3.5f Appraise advocacy priorities for a population.		

Domain 3: Population Health

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.		
	3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	Advocate for the integration of the CNL role across the health care system to influence change and improve outcomes of care.	
	3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	Incorporate into one's advocacy strategies the values of social justice to address healthcare disparities and bridge cultural and linguistic barriers to improve quality outcomes.	Influence the development of policies that leverage social change, promote wellness, improve care outcomes, and reduce costs.
		Advocate for policies that leverage social change, promote wellness, improve care outcomes, and reduce costs.	
		Advocate for patients within the healthcare delivery system to effect quality, safe, and value-based outcomes.	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.			
	3.6f Collaboratively initiate rapid response activities to protect population health.	Analyze rapid response activities for effectiveness in protecting population health within the microsystem.	Collaboratively design rapid response strategies for protecting and promoting population health at system-wide and regional levels.
		Implement quality and improvement strategies based on current evidence, analytics, and risk anticipation to improve rapid response.	Initiate the emergency plan in a natural or manmade disaster to optimize public/patient safety.
	3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.	Facilitate the implementation of evidence-based and innovative interventions to protect populations.	
	3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.		Collaborate with an interdisciplinary team to design a measure of accountability to include safety, financial, equity, and quality metrics for emergency response.

Domain 3: Population Health

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.		Design appropriate interventions using surveillance data and infection control principles to limit healthcare acquired infections (HAI) at all points of care.
	3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.	Participate in the micro- and meso-system-level planning, decision making, and evaluation for disasters and public health emergencies.	Lead initiatives for system-level planning, decision making, and evaluation for disasters and public health emergencies.
			Collaborate on the design of communication campaigns to share accurate health-related information and dispel misunderstandings in disasters and public health emergencies
			Participate on the leadership team for the organization wide emergency preparedness plans to ensure coordination with local, regional, and National Incident Management System plans.

Domain 4: Scholarship for the Nursing Discipline

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
4.1 Advance the scholarship of nursing.			
	4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.	Evaluate the evidence used by the healthcare team to make decisions regarding the provision of safe, coordinated care.	Critically appraise clinical scholarship of implementation science and high reliability organizations to inform practice guidelines and system policies
		Evaluate sources of evidence including recommendations from decision support tools that are used to support changes in care delivery to improve outcomes of care for diverse populations.	Analyze evidence used to support changes in care delivery at the macrosystem level.
	4.1i Engage in scholarship to advance health.	Facilitate practice change based on best evidence that results in quality, safe, equitable and fiscally responsible outcomes at the microsystem level.	Lead practice changes based on best evidence that result in quality, safe, and equitable, fiscally responsible outcomes at the macrosystem level.
		Implement strategies to encourage a culture of inquiry within the healthcare delivery team.	Develop resources for scholarly activity programs to promote a culture of inquiry within the practice setting.
			Identify gaps and recommendations for research based on assessment of practice outcomes.
			Collaborate with an interprofessional research team to implement and disseminate scholarship to advance health.
	4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.	Critically appraise methods reported in improvement science literature for application in practice.	
		Promote scholarship in the areas of improvement science and quality improvement science.	
			Apply improvement science theory and methods in performance measurement of macrosystem improvement process.
	4.1k Collaborate to advance one's scholarship.		
			Build a team to support advancement of one's scholarship.

Domain 4: Scholarship for the Nursing Discipline

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.	Disseminate changes in practice and improvements in care outcomes to internal and external audiences using a variety of modalities.	
	4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.	Demonstrate within the interprofessional team and the scholarly contributions of CNLs.	Advocate within the system and community at large for the contributions of CNL scholarship.
4.2 Integrate best practices into nursing practice.			
	4.2f Use diverse sources of evidence to inform practice.	Evaluate the validity of diverse performance measures for assessing quality of care.	
		Design evidence-based microsystem improvements using varied sources of performance measures to address safety and quality metrics.	Design evidence-based macrosystem improvements addressing safety and quality metrics.
		Develop a business plan for a quality improvement project/initiative for the microsystem.	Develop a business plan for a quality improvement initiative for the macrosystem.
		Present a business plan for a quality improvement project/initiative.	Present a business plan for a quality improvement initiative to the community of interest within and external to the system.
		Use a variety of data sets as metrics for population-focused evidence-based care.	
	4.2g Lead the translation of evidence into practice.	Facilitate synthesis of evidence among healthcare team members to improve care outcomes.	
	4.2h Address opportunities for innovation and changes in practice.	Lead evidence-based practice change for improved quality, safety, and fiscally responsible outcomes.	Coach quality and safety teams to sustain improved evidence-based practice initiatives.
		Use design-thinking methodologies to generate innovative practice changes.	Facilitate system-level discussions and brainstorming of best practices and new evidence-based quality improvement initiatives.
	4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.		

Domain 4: Scholarship for the Nursing Discipline

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	4.2j Articulate inconsistencies between practice policies and best evidence.	Articulate inconsistencies between practice policies and best evidence for ensuring quality and safe patient care at the microsystem level.	Articulate inconsistencies between practice policies and best evidence for ensuring quality and safe patient care at the macrosystem level.
		Implement evidence-based initiatives for populations at-risk for key health outcomes.	
		Demonstrate critical appraisal skills to evaluate the use of decision support tools for decision making.	
	4.2k Evaluate outcome and impact of new practices based on evidence.	Compare microsystem trends to benchmarks from local, regional, and national data.	Compare macrosystem trends with benchmarks at local, regional, and national levels.
		Collaborate with the healthcare team to plan, implement, and evaluate improvement opportunities.	Collaborate with the healthcare team to plan, implement, and evaluate improvement strategies at the macrosystem level.
		Evaluate best evidence for patient handoffs and transitions of care to improve outcomes.	Critically appraise practice models, guidelines, policies to address complex organizational safety and quality issues.
		Evaluate the effectiveness of health teaching by self and others.	
4.3 Promote the ethical conduct of scholarly activities.			
	4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.		Implement training and peer review processes to strengthen ethical decision making in research and quality improvement activities.
	4.3f Apply IRB guidelines throughout the scholarship process.	Apply IRB guidelines throughout the scholarship process, including quality improvement initiatives.	Evaluate strengths and barriers of organizational evidence-based practice programs.
	4.3g Ensure the protection of participants in the conduct of scholarship.	Ensure ethical principles are followed to protect participants during quality improvement and program evaluation initiatives.	
	4.3h Implement processes that support ethical conduct in practice and scholarship.	Apply ethical principles to the conduct and dissemination of nursing scholarship including the consideration of augmented intelligence use.	
	4.3i Apply ethical principles to the dissemination of nursing scholarship.		

Domain 5: Quality and Safety

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
5.1 Apply quality improvement principles in care delivery.			
	5.1i Establish and incorporate data driven benchmarks to monitor system performance.	Systematically assess micro systems for patient-care outcome improvement needs.	Assess macrosystems for risks to system performance and outcomes using data- driven benchmarks.
		Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem.	Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care for a macrosystem.
		Compare microsystem outcome data to institutional data and other recognized benchmarks, e.g., national, state, regional data.	
		Design evidence-based practices to improve care outcomes based on microsystem performance measures.	Appraise current and proposed quality and safety standards to ensure institutional alignment.
		Apply improvement science theory and methods in performance measurement and quality improvement processes, such as LEAN training, Leapfrog, and AHRQ guidelines.	
		Perform a gap analysis between actual practices and identified standards of care.	Synthesize gap analysis data to coordinate and prioritize quality improvement initiatives.
		Ensure the inclusion of an ethical decision-making framework for quality improvement.	
	5.1j Use national safety resources to lead team-based change initiatives.	Use quality and risk anticipation tools to identify structures and processes for microsystem care improvements.	Use quality and risk anticipation tools to identify structures and processes for macrosystem care improvements.

Domain 5: Quality and Safety

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Use evidence to design and direct microsystem improvements that address trends in safety and quality.	Evaluate quality and safety guidelines indicators and metrics provided to the microsystem's key stakeholders.
		Foster an environment for change to occur within the microsystem.	
		Facilitate microsystem practice change based on best available evidence to result in quality, safety, and fiscally responsible outcomes.	
	5.1k Integrate outcome metrics to inform change and policy recommendations.	Based on performance metrics, advocate for institutional, local, and state health care policies to effect improved care delivery and patient outcomes.	Develop policy recommendations for change based on institutional performance metrics.
	5.1l Collaborate in analyzing organizational process improvement initiatives.	Collaborate with the interprofessional team to plan, Implement, and evaluate a practice-based improvement initiative.	
	5.1m Lead the development of a business plan for quality improvement initiatives.	Develop the business case for a value-based care change in the microsystem.	Lead the development of a business case for quality initiatives at the macrosystem level.
		Document the return on investment for a quality improvement initiative to support a change within the microsystem.	Synthesize return on investment data for quality improvement initiatives from microsystems across the system.
			Leverage leadership support for a proposed change initiative to align with system strategic goals and ensure sustainability of the change as part of the planning and implementation process.
	5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.	Advocate for changes to support cost-effective, quality care outcomes at the microsystem level.	
	5.1o Advance quality improvement practices through dissemination of outcomes.	Disseminate outcomes of microsystem changes within the microsystem and macrosystem.	Disseminate outcomes of quality improvement initiatives within and outside the system using varied methods.
5.2 Contribute to a culture of patient safety.			

Domain 5: Quality and Safety

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.	Use data and recognized benchmarks, including the AHRQ Patient Safety Indicators, to evaluate outcomes of care within a microsystem.	Use data and recognized benchmarks to evaluate outcomes of care across a macrosystem
			Promote a culture of safety and continuous quality improvement within a system.
	5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.	Apply just culture principles and the use of safety tools, such as Failure Mode Effects Analysis (FMEA) and root cause analysis (RCA), to anticipate, intervene, and decrease risk.	
	5.2i Design evidence-based interventions to mitigate risk.	Facilitate team decision making through use of decision tools and convergent and divergent group process skills, such as SWOT, Pareto, and brainstorming.	
	5.2j Evaluate emergency preparedness system-level plans to protect safety.	Assess the emergency and rapid response plans, including codes, sepsis, early warning signs, that are in place for the microsystem.	Contribute clinical expertise to assess organization-wide emergency preparedness.
5.3 Contribute to a culture of provider and work environment safety.			
	5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.	Communicate to the interprofessional healthcare team, patients, and caregivers, current safety guidelines.	Lead initiatives to promote provider and work environment safety.
	5.3f Foster a just culture reflecting civility and respect.	Demonstrate coaching skills, including self-reflection and role modeling, to support civility and respect among the healthcare team.	Design programs to facilitate performance improvement, wellbeing, and a just culture.
	5.3h Role model and lead well-being and resiliency for self and team.		

Domain 6: Interprofessional Partnerships

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.			
	6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.	Articulate to the healthcare team and others delivery processes, outcomes, and care trends using a variety of media and other communication methods.	
		Facilitate team decision making using group process skills and decision tools.	
		Collaborate with interdisciplinary team members to plan, implement, and evaluate an improvement opportunity at the microsystem level.	Strategically align key stakeholders for collaborative partnerships.
		Assume a leadership role, in collaboration with other interprofessional team members, to facilitate transitions across care settings supporting patients and families to improve care outcomes.	Collaboratively evaluate an innovative model for care delivery.
	6.1h Facilitate improvements in interprofessional communications of individual information (e.g., EHR).	Assume an interprofessional team leadership role to deliver patient-centered care and evaluate quality and cost-effectiveness across the healthcare continuum for individuals and populations.	Design improvements in workflows that improve communications across the continuum of care.
			Develop policies to maintain communication and safety practices when technology is and is not available.
		Apply cultural awareness and sensitivity principles in interprofessional team communications about care delivery.	Examine the effects of diversity, equity, inclusivity, and belonging initiatives on interprofessional teams across the healthcare organization and care settings.
	6.1i Role model respect for diversity, equity, and inclusion in team-based communications.	Facilitate interprofessional team care delivery in an environment based on values of social justice and just culture.	Collaborate on the development of a needs assessment to identify any current health equity issues.

Domain 6: Interprofessional Partnerships

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
			Leverage internal and external social justice initiatives to cultivate environments for DEIB.
		Participate in designing, delivering, and evaluating health services that are person-centered and culturally acceptable.	Foster cultural humility in healthcare team members as a component of care delivery.
	6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.	Promote the contributions and synergies of the CNL to policymakers, employers, healthcare providers, and consumers.	Disseminate scholarly work highlighting the contributions of CNL practice within the healthcare system and wider interprofessional community.
		Communicate nursing's contributions to current quality and safety guidelines for the interprofessional healthcare team, patients, and caregivers.	Leverage technologies to disseminate healthcare information for consumers, schools of nursing, organizations, the community, policy makers.
	6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.	Provide leadership to the healthcare team to promote health, facilitate self-care management, optimize patient engagement.	
		Provide expert consultation for healthcare team members on quality and safety initiatives that improve care across transitions and settings.	
	6.1l Demonstrate capacity to resolve interprofessional conflict.	Provide leadership to enhance team dynamics and manage conflicts.	Evaluate one's leadership in the management and resolution of conflict.
6.2 Perform effectively in different team roles, using principles and values of team dynamics.			

Domain 6: Interprofessional Partnerships

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.	Use data analytics to examine team patterns and identify gaps in team effectiveness.	Provide leadership within an interdisciplinary team to develop, implement, and evaluate Improvement processes.
	6.2h Evaluate the impact of team dynamics and performance on desired outcomes.		
	6.2i Reflect on how one's role and expertise influences team performance.		
	6.2j Foster positive team dynamics to strengthen desired outcomes.	Foster positive team dynamics through self-reflection and solicited feedback on one's coaching skills.	Use coaching skills to support Interprofessional team members in exploring opportunities for improving care processes and outcomes.
		Foster collaboration among healthcare professionals, patients, and family members in healthcare decision making.	
6.3 Use knowledge of nursing and other professions to address healthcare needs.			
	6.3d Direct interprofessional activities and initiatives.	Facilitate collaborative, interprofessional approaches and strategies in the design, coordination, and evaluation of person-centered care.	
	6.3d Direct interprofessional activities and initiatives.	Participate in interprofessional team leadership that impacts all levels of the organization.	Engage in partnerships at multiple levels of the health system to ensure effective coordination, delivery, and evaluation of services across care environments.
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.			

Domain 6: Interprofessional Partnerships

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.		Model behaviors to ensure fairness, respect, and the dignity of others.
	6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.		Appraise the environment to ensure it is safe for interpersonal risk taking and learning.
	6.4g Integrate diversity, equity, and inclusion into team practices.	Support initiatives that integrate diversity, equity, and inclusion into interprofessional practice improvement.	
		Engage with interprofessional team members to integrate diversity, equity, and inclusion into quality and safety work and evidence-based practice	
	6.4h Manage disagreements, conflicts, and challenging conversations among team members.	Use evidence-based communication strategies to manage difficult conversations with interprofessional team members.	
	6.4i Promote an environment that advances interprofessional learning.	Contribute to the design and implementation of interprofessional learning opportunities related to quality and safety, evidence-based care, or transitions in care delivery.	

Domain 7: Systems-Based Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
7.1 Apply knowledge of systems to work effectively across the continuum of care.			
	7.1e Participate in organizational strategic planning.		Contribute to the implementation of organizational strategic plans.
	7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.	Describe the impact of regulatory agency requirements on quality, fiscal, and value-based outcomes to support decision- making at the microsystem level.	Engage in system level quality and safety improvement processes.
		Apply systems theory and complexity science concepts in the assessment, of health care within complex organizations.	
	7.1g Analyze system-wide processes to optimize outcomes.		Use systems theory to inform research related to the assessment, design, delivery, and evaluation of health care within complex organizations.
		Use evidence to design microsystem improvements that address trends in safety, quality, and health equity.	Synthesize data from clinical information systems, practice trends, and quality metrics to propose system-level improvements.
		Evaluate medication reconciliation and other administrative processes to enhance the safe use of medications across the continuum of care.	Evaluate system-wide processes to identify and address actual and potential patient safety issues and performance gaps to decrease risks.
	7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.	Design policies to address safety, quality, and social determinants of health within the microsystem.	Direct organization wide initiatives to promote social justice, health equity, and ethical care standards.
7.2 Incorporate consideration of cost- effectiveness of care.			
	7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.	Apply knowledge of the healthcare system to improve healthcare delivery and patient outcomes in diverse settings (i.e., costs, delivery models, payment models, and healthcare team roles).	Analyze organizational costs and reimbursement factors that impact or drive change initiatives (i.e. labor costs, care delivery models, performance indicators and reimbursement, supply chain).

Domain 7: Systems-Based Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
		Apply knowledge of the microsystem budget to design recommendations for cost-effective care.	Analyze multiple sources of financial data to prioritize organizational goals and priorities for quality improvement initiatives.
		Use performance measures to promote the delivery of evidence-based practices and high-value care.	
	7.2h Design practices that enhance value, access, quality, and cost-effectiveness.	Consider work processes including workflow and use of technology, in the design of care delivery.	Promote a culture of continuous quality improvement within a system using evidence-based practices.
		Implement quality improvement strategies based on current evidence, analytics, and risk anticipation.	Implement practice changes and delivery models at the macrosystem level that enhance value, access, quality, and cost-effectiveness.
		Promote a culture of continuous quality improvement within a microsystem using evidence-based practices (e.g., Lean and TEAMS.)	
		Present a business case for the implementation of a quality improvement initiative at the microsystem level.	Align organizational structure and processes to support practice change initiatives.
		Demonstrate stewardship of microsystem resources and assets to ensure sustainability.	Present a business case for the implementation of a system-wide quality improvement initiative.
	7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.		
		Apply business and economic principles including human and other resource management, marketing, and value-based purchasing, in one's practice.	
		Advocate for policies that address environmental stewardship in healthcare system delivery.	
	7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.		

Domain 7: Systems-Based Practice

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	7.2k Recommend system-wide strategies that improve cost- effectiveness considering structure, leadership, and workforce needs.		
	7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.		
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.			
	7.3e Apply innovative and evidence- based strategies focusing on system preparedness and capabilities.		
	7.3f Design system improvement strategies based on performance data and metrics.	Use evidence to design and direct system improvements that address safety and quality trends.	Implement strategies to facilitate adoption of innovations at the systems level.
		Apply concepts of improvement science, design thinking, and systems theory to design innovations that optimize outcomes.	
			Disseminate evidence of system improvements to diverse audiences through scholarly activities.
	7.3g Manage change to sustain system effectiveness.	Facilitate practice change at the microsystem level based on current evidence to sustain quality, safe, and fiscally responsible outcomes.	Lead practice change at the macrosystem level to sustain quality, safe, and fiscally responsible outcomes.
		Lead change initiatives to reduce discrepancies between actual practices and identified standards of care.	
	7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.		Cultivate partnerships with community and academic stakeholders to align system improvement strategies that breakdown structural racism, discrimination, and health disparities.

Domain 8: Informatics and Healthcare Technologies

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.			
	8.1g Identify best evidence and practices for the application of information and communication technologies to support care.	Implement best practices for information and communication technologies to support patient care delivery.	Guide the development of information and communication technologies to optimize care delivery.
		Participate in ongoing evaluation, implementation, and integration of healthcare technologies, including telehealth and the electronic health record (EHR) into care delivery models/practices.	Conduct quality improvement initiatives to support optimal utilization of healthcare technologies system wide.
			Evaluate new and emerging technological solutions for integrating care and incorporating self- and family caregiving.
	8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.		Propose solutions for unintended consequences of informatics and healthcare technology use to maintain information flow across care settings.
	8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.	Assess healthcare technologies to enable data analytics, decision-making, and evaluation methods to generate evidence for healthcare redesign.	Evaluate technologies to support transformation of healthcare across systems.
	8.1j Explore the fiscal impact of information and communication technologies on health care.	Analyze current and proposed healthcare technologies for efficiency, cost-effectiveness, and operational outcomes.	Develop a business case, including return on investment, for technology implementation and sustainment.
	8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.	Use a variety of datasets, appropriate for the patient population, setting, and organization, to assess individual and population risks and care outcomes.	Develop action plans to address the impact of information and communication technologies on workflow processes and outcomes.
		Use a variety of technology modalities and media to disseminate healthcare information and communicate effectively with diverse audiences.	Evaluate the impact of technology modalities on the accuracy of information dissemination.

Domain 8: Informatics and Healthcare Technologies

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
8.2 Use information and communication technology to gather data, create information, and generate knowledge.			
	8.2f Generate information and knowledge from health information technology databases.	Use technologies and information systems to facilitate the collection, analysis, and dissemination of data at the microsystem level, including clinical, financial, and operational outcomes.	Evaluate system-level data to improve patient care outcomes.
			Implement best practices for the operationalization of individual, system, and population datasets.
		Apply knowledge of analytics, augmented intelligence (AI) and evaluation methods to access appropriate and accurate sources of data for decision making and risk anticipation.	Analyze data sources' content used to support healthcare decisions and reduce risk.
	8.2g Evaluate the use of communication technology to improve consumer health information literacy.		
	8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.	Direct the use of standardized data for decision-making to improve care practices and outcomes within the microsystem.	Use standardized data to evaluate decision making and outcomes at the macrosystem level.
			Examine the usability of data collaboratively with healthcare team to expand its completeness, accuracy, cultural congruence, and consistency.
	8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.	Use performance measures to assess and improve evidence-based practices and promote outcomes.	
		Identify standardized data sources that quantify the value of nursing practice.	
	8.2j Interpret primary and secondary data and other information to support care.		

Domain 8: Informatics and Healthcare Technologies

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.		.	
	8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.	Use information and communication technology to address needs, gaps, and inefficiencies in care at the microsystem level.	Integrate technology to provide a patient centric approach to care for individuals, populations, and operational efficiency.
	8.3h Formulate a plan to influence decision making processes for selecting, implementing, and evaluating support tools.	Participate in ongoing evaluation, implementation and integration of healthcare technologies and care decision support tools, such as telehealth and electronic health records	Initiate use of healthcare technologies and clinical decision support tools to advance care delivery models in various settings.
	8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.	Collaborate with healthcare providers and consumers to access and use data and information to empower self-care.	Identify various platforms for optimal data entry to facilitate analyzing, visualization, and storytelling.
	8.3j Evaluate the potential uses and impact of emerging technologies in healthcare.	Analyze current and proposed use of patient-care technologies, including cost-effectiveness and appropriateness in the design and delivery of care in diverse care settings, including home care.	Develop a feasibility plan to promote strategic integration of technology into various care models.
			Collaborate in a feasibility study to evaluate integration of technology into care delivery models.
	8.3k Pose strategies to reduce inequities in digital access to data and information.		Advocate for policies to reduce inequities in healthcare related to digital access to data, information, and technologies.
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all systems levels.			

Domain 8: Informatics and Healthcare Technologies

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.	Use a variety of media and other communication technologies to facilitate communications to diverse healthcare providers, patients, and caregivers.	
	8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical and efficient patient care.	Implement the delivery of care and care processes using technology including virtual care delivery	Identify areas of regulatory, legal, and ethical risks when adopting new technologies.
			Facilitate the use of technologies and appropriate care processes into the delivery of care including virtual care delivery
			Apply the principles of processes for the use of technologies for care delivery including virtual care
	8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient centered care.		Advocate for the use of technologies that allow for sharing of information across systems and with the community.
			Develop a system-wide model for information exchange that addresses gaps in care and improves outcomes.
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.			
	8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.		Facilitate the interprofessional team use of technologies and common data to improve patient outcomes.

Domain 8: Informatics and Healthcare Technologies

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.	Assess potential ethical and legal issues associated with the use of telehealth, virtual reality, AI, and other information technologies.	Lead initiatives to address ethical and legal issues associated with telehealth, virtual reality, artificial intelligence, and other information technologies.
	8.5i Recommend strategies to protect health information when using communication and information technology.		Build a shared vision for optimizing individual and population health through information sharing that is accessible and understandable.
	8.5j Promote patient engagement with their personal health data.		
	8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.	Advocate for patient-centered and meaningful use of technology, to effect quality, safe, and value-based outcomes with a focus on the microsystem.	Advance technological strategies to promote interoperability in ways that advance clinical care and health outcomes.
			Champion the integration of new healthcare technologies to enhance patient outcomes.
	8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.	Advocate for policies that support the ethical use of decision support tools, communication, and healthcare technologies.	Advocate for policies across healthcare systems to leverage information technologies for care delivery, privacy, and improved outcomes.

Domain 9: Professionalism

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.			
	9.1h Analyze current policies and practices in the context of an ethical framework.	Apply ethical and decision-making frameworks to policies and clinical practice that focus on the microsystem.	
	9.1i Model ethical behaviors in practice and leadership roles.	Demonstrate in one's practice the values of social justice and health equity.	Evaluate behaviors of self and others using an ethical decision-making framework.
	9.1j Suggest solutions when unethical behaviors are observed.		Create a culture that promotes ethical behavior in clinical practice.
	9.1k Assume accountability in working to resolve ethical dilemmas.		Develop solutions to resolve ethical dilemmas and address inequities.
9.2 Employ participatory approach to nursing care.			
	9.2h Foster opportunities for intentional presence in practice	Work with the healthcare team to foster opportunities for intentional presence.	Develop strategies to enhance participatory nursing care across one's healthcare system.
	9.2i Identify innovative and evidence- based practices that promote person-centered care.		
	9.2j Advocate for practices that advance diversity, equity, and inclusion.	Integrate ongoing professional development and training for cultural competence and understanding of DEI issues at the microsystem level.	Integrate professional development and training for cultural competence and understanding of DEIB issues at the system level.
	9.2k Model professional expectations for therapeutic relationships.		
	9.2l Facilitate communication that promotes a participatory approach.		Create a safe environment to promote interdisciplinary communication and patient participation.
9.3 Demonstrate accountability to the individual, society, and the profession.			

Domain 9: Professionalism

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes.		Participate in cycles of improvement focused on system priorities
			Engage in system level quality and safety improvement processes.
			Design evidence-based care delivery models that integrate clinical nurse leaders to transform care.
	9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.	Demonstrate professional and effective communication skills, using a variety of modes, in professional activities.	Construct opportunities for interdisciplinary co-learning.
	9.3k Address actual or potential hazards and/or errors.	Lead the microsystem healthcare team to identify and mitigate hazards and errors.	Provide leadership at the macrosystem level to address actual or potential hazards and errors.
	9.3l Foster a practice environment that promotes accountability for care outcomes.	Engage the healthcare team to promote a safe practice environment using a framework of psychological safety.	Develop policies and regulations to promote improvement in care outcomes across the system.
	9.3m Advocate for policies/practices that promote social justice and health equity.		Lead social justice and health equity dialogue across the system
	9.3n Foster strategies that promote a culture of civility across a variety of settings.		
	9.3o Lead in the development of opportunities for professional and interprofessional activities.		
9.4, Comply with relevant laws, policies, and regulations.			
	9.4d Advocate for policies that enable nurses to practice to the full extent of their education.		Lead initiatives that support nurses to function at their full scope of practice.
	9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.		Evaluate care delivery including care coordination, to account for the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.

Domain 9: Professionalism

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.		
	9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.	Advocate for legal and regulatory policies that influence nursing practice and health outcomes.	Lead in the development of legal and regulatory policies to improve nursing practice and healthcare outcomes.
	9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.		Demonstrate moral courage in advocating for nursing within the healthcare system and public.
9.5 Demonstrate the professional identity of nursing.			
	9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.	Articulate nursing's and the CNL's professional identity to other interprofessional team members and the public.	Apply a model for professional identity formation to leverage ongoing formation of teams and their members.
	9.5g Evaluate the practice environment to ensure that nursing core values are demonstrated.		
	9.5h Identify opportunities to lead with moral courage to influence team decision-making.		Promote opportunities for nurses to lead at the microsystem, meso-system, and macrosystem levels.
	9.5i Engage in professional organizations that reflect nursing's values and identity.	Role model the CNL Standards of Conduct for the interdisciplinary team and the community of interest.	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.			
	9.6d Model respect for diversity, equity, and inclusion for all team members.		Create strategies that mitigate the unforeseen risks that structural and cultural systems place on the nursing profession and other healthcare team members.

Domain 9: Professionalism

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	9.6e Critique one's personal and professional practices in the context of nursing's core values.		
	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.		
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.		Lead ongoing efforts to assess and ensure nursing core values are reflected in care across the system of care.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.		
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.		

Domain 10: Personal, Professional, and Leadership Development

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
10.1 Demonstrate a commitment to personal health and well-being.			
	10.1c Contribute to an environment that promotes self-care, personal health, and well-being.	Advocate for organizational policies that leverage social change, promote wellbeing, and create a safe practice environment.	Develop strategies to address wellness across the organization at all system levels.
		Participate as a team member in Implementing wellbeing solutions for the care team.	Work with interorganizational coalitions to establish wellness priorities within the community.
	10.1d Evaluate the workplace environment to determine level of health and well-being.	Promote a psychologically safe environment for the care team to promote personal dignity, physical and mental health, and emotional well-being.	Develop initiatives to promote a safe environment within microsystems and across the system.
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.			
	10.2g Demonstrate cognitive flexibility in managing change within complex environments.	Proactively present emerging evidence to foster team awareness, dialogue, inquiry, and flexibility.	Demonstrate compassionate facilitation to promote cognitive flexibility in others and ensure all perspectives are heard.
			Promote a psychologically safe environment that fosters cognitive flexibility within the interprofessional team.
	10.2h Mentor others in the development of their professional growth and accountability.	Coach team members in the creation of a professional development plan for self-growth with goals to achieve personal goal setting.	Create an environment to promote professional development of self and others.
	10.2i Foster activities that support a culture of lifelong learning.		Develop activities that support a culture of lifelong learning.

Domain 10: Personal, Professional, and Leadership Development

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
	10.2j Expand leadership skills through professional service.	Explore professional organizations that advocate for and impact CNL practice and role.	Facilitate conversations with others regarding the importance of professional service.
			Develop professional networks through internal and external institutional partnerships that fosters one's professional development.
			Optimize network connections to expand professional influences and collaborations.
		Recognize the importance of participation in professional activities beyond one's own practice and organization.	
10.3 Develop capacity for leadership.			
	10.3j Provide leadership to advance the nursing profession.	Participate in the professional governance of nursing practice to enhance one's ability to improve safety and quality outcomes.	Lead interdisciplinary teams to drive organizational change and advance professional nursing practice.
		Demonstrate an understanding of the values, purpose, and impact of professional nursing practice, i.e., a shared governance model to make recommendations for system improvement.	
	10.3k Influence intentional change guided by leadership principles and theories.	Lead improvement initiatives to address gaps in optimal care outcomes.	Collaborate with system leadership to prioritize action, execution, and outcome evaluation of change initiatives.
	10.3l Evaluate the outcomes of intentional change		Apply various analytic methodologies to the evaluation of intentional change outcomes.
	10.3m Evaluate strategies/methods for peer review.		
	10.3n Participate in the evaluation of other members of the care team.		Perform a self-assessment creating an action plan with goals and objectives to ensure continual growth.

Domain 10: Personal, Professional, and Leadership Development

Essentials Competency	Essentials Level 2 Sub-Competencies	CNL Master's Level Competencies	CNL Doctoral Level Competencies
			Perform an evaluation of members of the care team.
	10.3o Demonstrate leadership skills in times of uncertainty and crisis.		
	10.3p Advocate for the promotion of social justice and eradication of structural racism and systemic inequity in nursing and society	Promote strategies to address unconscious biases, systemic racism, and inequities in health care.	Use data visualization to highlight sources of unconscious bias and structural racism in the organization.
			Develop strategies to promote social injustice and eradication of structural racism and systemic inequity in nursing and society.
			Demonstrate intellectual curiosity in seeking opportunities for personal and professional growth to understand different perspectives.
	10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.	Advocate for nursing and the CNL skillset at the point of care and within the system.	Advocate within the system and with the public regarding the role of nurses to impact care and the CNL in transforming systems and communities for improved health outcomes.